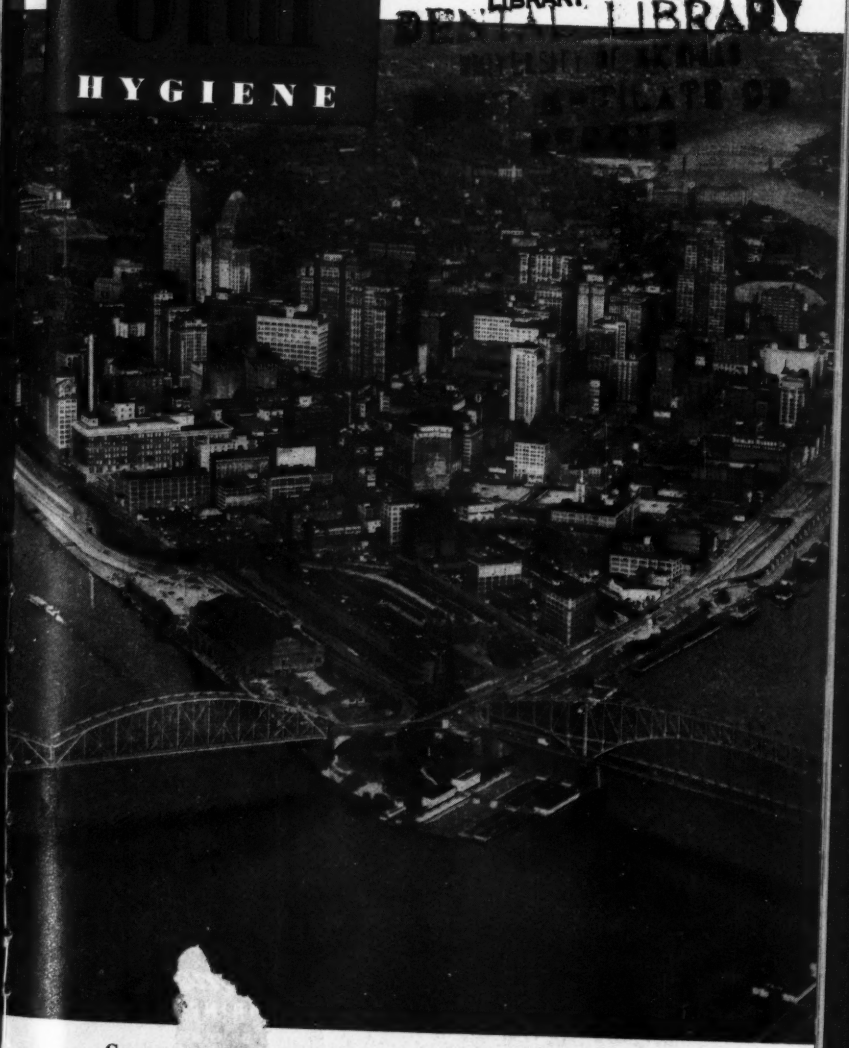
OCTOBER 1950

Oral HYGIENE

In This Issue:

THE DENTIST ON THE FIRST AID TEAM



Greater Dental Meeting, Pittsburgh, Pa., November 14-16

a variety of posterior teeth

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have no cuspal inclination whatsoever.

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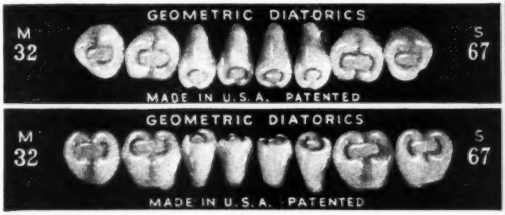

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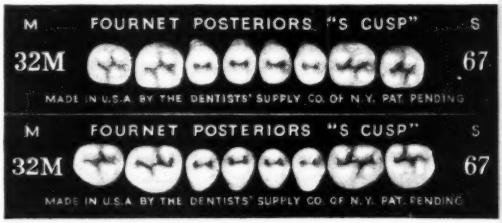

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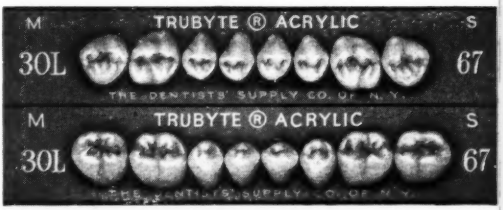


DEALERS AND LABORATORIES EVERYWHERE

The Publisher's CORNER

By Mass

No. 351

Printing Neatly Done

EVEN severing an artery and draining off a bucketful won't cure you if you have printers' ink in your blood. It was printers' ink that led me into this laborious way-of-life. Not only that—I've never lost my love for the mechanics of printing. That seems to be the experience of almost everyone who ever owned a printing press. Owning one is the first fatal step—even if it's just a little press.

That was the kind of printing press of which I first became proprietor. It was earned as a premium for selling to a boy called Willie Popp a subscription to *The Youth's Companion*. It was a darling little gadget, providing barely room enough for three lines of small type; inking was accomplished with a miniature hand roller. With the press came a handful of type, a small can of printers' ink, a pair of tweezers, and, I seem to recall, a small packet of gold bronze powder wherewith to give a tasty touch of elegance to visiting cards. And, boy, do you turn out visiting cards when you first set up in business with a

vestpocket printing press! It is one way to win the kindly consideration of young females. They love the cards, although seldom know what the heck to do with them.

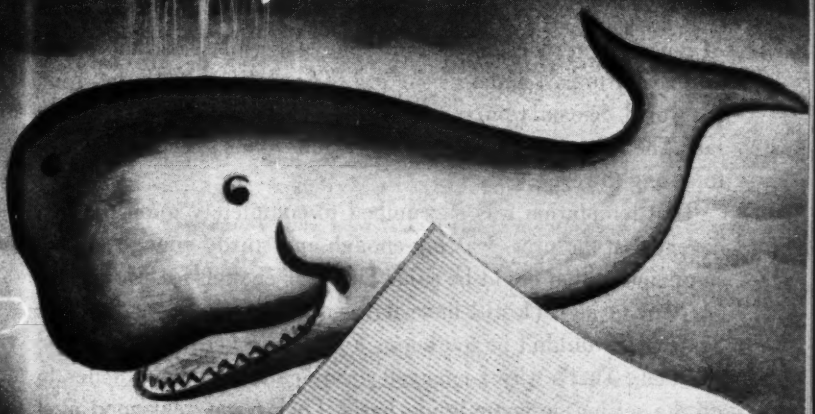
The next press I laid eyes on was reposing out of reach on a high shelf in the basement of the Schutte family's house next door. It was several sizes larger than my *Youth's Companion* press and was self-inking. It had belonged to one of their sons who had years ago grown up and left town. Pa Schutte, skilled at such things, had built some really splendid type cases which were full of type of several varieties. Most of the typefaces were of gingerbready design; little vines grew all over the capital letters in one font I remember.

The Schuttes let me look at the press now and then while standing on tiptoe on a chair. And they let me look at some of the type. Mustn't touch, though! Even looking was worth while, however, and started dreams of one day owning such an utterly magnificent plant—a plant that made the *Youth's Companion* installation look mighty puny.

If I live to be a million I will never forget the Christmas morning I found the Schutte press and the type and all the accessories under the tree. The Schuttes had never given me any inkling that they had a notion of bestowing this boon upon me. That was the morning I started in the publishing business. The press had a printing area about the size of a penny postal. After working with the cramped area of the *Companion* press, the new machine seemed to offer endless possibilities. That's why I started in the publishing business right away.

The vine-festooned type seemed perfect for the title line. *The Californian* it was. The text of the postcard-size paper was copied from a piece about something or other in *The San Francisco Chronicle*. Other gifts were ignored, scarcely even seen that Christmas Day. It was late in the afternoon before the last piece

"Something to Spout About!"



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WARD'S DISPOSABLE

DENTA-TOWELS

of type was in place for the little one-page job. Then the paper was ready to roll and roll she did. *The Californian* burst upon the world. She only burst once, though. Number one was number last. The temptation to undertake various other printing jobs was to strong to resist.

That temptation was succumbed to completely upon the discovery that the press was big enough and sturdy enough to turn out printing that could be sold. That was enough for Mercenary Merwin. A sign (I still have it) went up on the front porch. I realized I wouldn't be too hot as a salesman because I stuttered so much. That's why I engaged a boy called Loring Rhodes to do the selling on commission basis. Loring was real good at it and before long my cellar printshop was humming. Cards and tickets and things like that flowed out in a steady stream.

One day Loring came in with an order for 10,000 sales slips for one of the butchers in our community. An eleven-dollar job it was. But it didn't take long to find out that the Schutte press couldn't make the riffle on a job so big. It would have taken years to run off 10,000 impressions. What to do? What to do? As so often happens when one is in a jam like this, the solution was near at hand. In a store downtown I spied an old but good press, big enough to print a page about the size of ORAL HYGIENE's. Fifteen dollars would take it and fifteen dollars did —thanks to a loan from Dad. The press was equipped with a handle at the side which made it possible for my sister Marjory to officiate as motive power—slave labor. After a while, the 10,000 sales slips were delivered to the butcher and the eleven dollars was in hand, less Loring's commission. And the expanded two-press plant was ready to tackle almost anything. Come one, come all. Printing Neatly Done.

VOL. 40, NO. 10

Oral HYGIENE

OCTOBER 1950

REGISTERED IN U.S. PATENT OFFICE

Circulation more than 70,000 copies monthly

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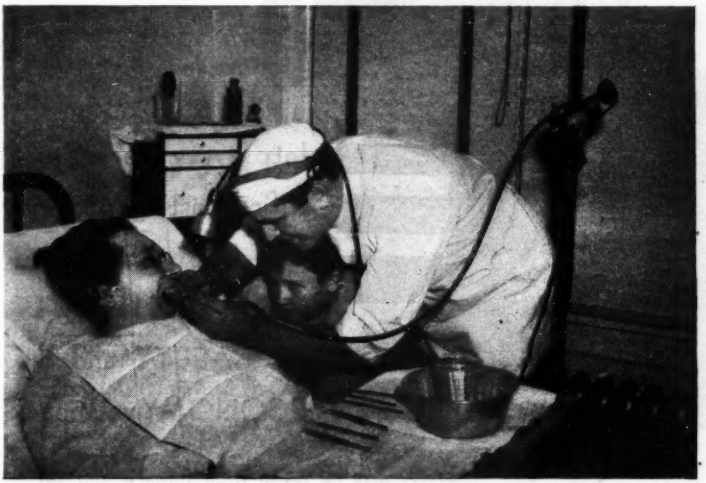
Picture of the Month



DOCTOR SIGMUND F. FAYE, Philadelphia dentist, is shown here with his complete bedside armamentarium treating Sam Wolf, also of Philadelphia. A victim of poliomyelitis, 26-year-old Sam Wolf has been bedridden since he was two years old. Sam's small brother, Jacob, watches as Doctor Faye gives dental service in their home.—*Photograph by Doctor Sigmund F. Faye.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

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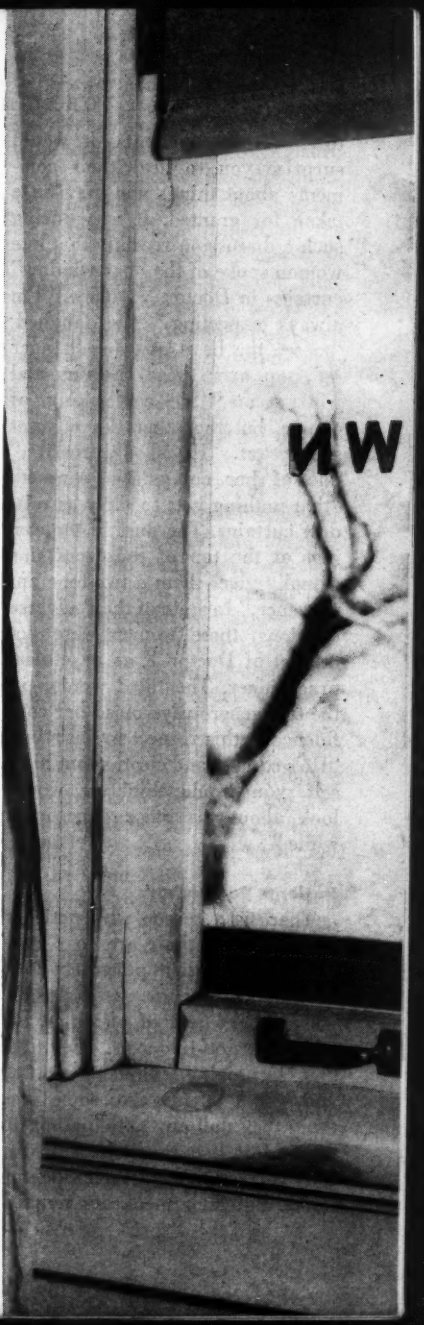
What Do Patients See From Your Chair?

BY CHARLES P. FITZPATRICK

YOU SAY your operating room is clean, and your equipment is spotless. Probably they are when viewed in the light of your own daily observations, but what is the opinion of outsiders—your patients, for instance?

Although individual patients may be in your office for only brief periods several times a year, they have the habit of seeing things for which you have probably developed a blind spot. And what they see, they talk about. When your office becomes the topic of conversation in a gathering of two or

Try this sit-in-your-own-chair test to find out how your office rates.



three of your patients, it would surprise you to hear their comments about things you may have taken for granted. It was during such a discussion recently that one woman spoke of the "bar window" curtains in Doctor X's office. "I'm always expecting," she laughed, "to see the head of some 'hanger on' pop over those curtains and wink at me." She was joking, of course, but the others knew what she meant. "He should realize," one of her companions argued, "that nothing gets so dirty as window curtains. The dust in the casings at the top of those curtains actually gives them a two-tone appearance." In spite of their adverse opinions, these women were not critical of Doctor X as an ethical practitioner. The third woman in the trio generously voiced her confidence in this respect by insisting, "He's so neat and clean about himself, you would think he would look about his office once in a while."

Patients Remember

There is a reason why patients in a dentist's chair are so observant. Many of them purposely concentrate on one or more objects within their field of vision in an attempt at self-hypnosis. They find that by giving complete mental and visual attention to some one thing they dull any anticipation of discomfort that might accompany the correction of their dental faults. But their memories remain keen. Later, the dust collected on the arm of your work table is recalled easily, while the aging signs on the finish of your unit, and the spots on the wall made by cotton rolls when your aim at the disposal basket was poor, provide topics for conversation along with approximations of the length of service of the yellowing tapes on your Venetian blinds.

These and other things may be seen—and remembered. And while you are correct in claiming they do not lower the quality of your service or lessen your skill, it is nonetheless true that, individually and collectively, such conditions are undesirable in surroundings where patients have been educated to expect bright and shining evidence of cleanliness.

To eliminate the possibility of having such eye-catchers in his office, one Eastern dentist occasionally sits in his own chair and critically inspects the walls, windows, and equipment viewed by patients as they sit in the dental chair. Like many practitioners, he does not always hit the disposal basket. From the chair, the unsightly result struck him instantly. He refinished the spotted wall area and then placed a piece of clear plastic back of the disposal basket. Now, spots can be washed off this plastic square in a moment, and after several months of service it is easily replaced at a cost of only a few pennies. During the same period of inspection that brought the spot-

ted wall to this dentist's attention, he noticed that the deep maroon finish on his unit was showing its age. Electrically and mechanically the unit worked well but the baked enamel finish had dulled over the years. The following Sunday this practitioner brought to his office a can of cleanser and one of hard wax—the same types used on automobile finishes. An hour of easy cleaning and waxing gave the unit a sparkling, like-new brightness that resists soil for long periods and from which dust may be wiped in an instant. He is rightfully proud of the job.

Clean, Neat, and Bright

This sit-in-your-own-chair method of appraising the appearance of your office is carried a step further by another practitioner who believes in the value of a woman's point of view. His office is located away from his home and when his wife comes in for dental care the couple spend some extra moments studying the reception room and office—especially the latter. They try to avoid that "antiseptic appearance" while striving for cleanliness through neatness. Brightness, they believe, is of particular value and, in addition to modern lighting equipment, the dentist's office is finished in two shades to equalize the light in the room. Meter readings show that wall areas broken by windows invariably are darker than the walls facing open windows. For this reason, it has been found that walls with windows should be finished in a lighter shade than the opposite and side walls. After making the sit-in-the-chair inspection, the dentist and his wife decided on this dual finishing method. They chose pastel colors to avoid the glare frequently produced by masses of white. This is the same modern practice being employed in many hospitals because it is more restful to the eyes and has a tendency to quiet the nerves. In a dentist's office such a desirable combination of results may be enjoyed by both practitioner and patients.

As one man expressed it, maintaining an office in a manner that brings expressions of praise from patients is comparable to the task of maintaining an awareness of dental progress through the reading of professional literature. To avoid either for any length of time invites complacency. It is impossible to render patients the best dental service without acquiring additional professional skill and, in the same way, an office that does not enjoy a regular "refresher" soon becomes outdated and uninviting.

Do Not Delay Repairs

The temptation to delay "dressing up" an office until there is time to have everything done at once is responsible for the undesirable appearance of some offices. While such delay may appear to be a sensible procedure, considerable

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ORAL HYGIENE AWARD

This article by CHARLES P. FITZPATRICK has won the $100 ORAL HYGIENE award for the best feature published this month.

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maintenance can be tended to in an occasional hour or so devoted to existing needs. Repainting of a window sash and frame, for instance, usually is not more than an easy sixty-minute job. Replacing the rubber mat on the foot rest of the chair can be accomplished in even less time. And eliminating condensation stains from the sterilizer should take no more than twenty minutes. Taken one at a time, these points of criticism can be eliminated easily without eating deeply into the dentist's spare time. This type of maintenance saves labor dollars, too.

Truly, the neat cleanliness of a dentist's office is a confidence and good-will builder that can be measured in actual dollars and cents. Even though the practitioner may be ever vigilant in his fight against contamination, in the sterilization of instruments, and the safeguarding of materials, these essential efforts are not so evident to patients as the spotlessness of the office floor, the orderliness of the materials cabinet, and the fresh, gleaming appearance of the unit. The man or woman in the chair, if favorably impressed by the brightness of those things within his or her vision, automatically assumes that the dentist is equally attentive to every item in his office. Later, in conversation with others, the patient's favorable comments tend to provoke calls for appointments that build up the dentist's productive chair hours.

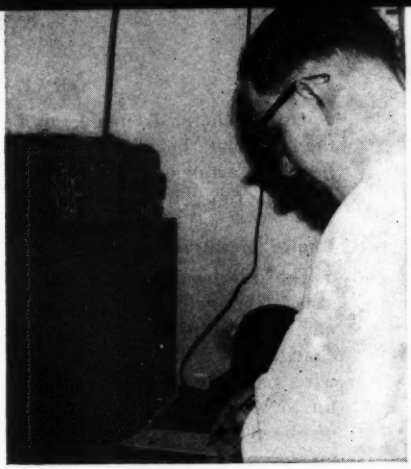
If you have never before given serious consideration to the importance of the view from your chair, why not make this sit-in-your-own-chair test? Try to appraise what you see through the eyes of a patient who has not been in your office for six or eight months, or perhaps has never been there before. It is a pretty safe bet that you will be surprised. Make the test now!

3841 *Aspen Street*
Philadelphia 4, *Pennsylvania*

THE COVER

THE COVER photograph is an aerial view of "The Point" at Pittsburgh, Pennsylvania, where the Allegheny and Monongahela Rivers join to form the Ohio River. The Greater Pittsburgh Dental Meeting, sponsored by the Odontological Society of Western Pennsylvania, will be held in Pittsburgh, at the William Penn Hotel, November 14-16.

Electronic Secretary Answers Dentist's Telephone



***Doctor Becherer takes notes on calls received by Electronic Secretary.*— Photograph by L. T. Bruhnke.**

BY L. T. BRUHNKE

WHEN DOCTOR Carl V. Becherer, a Milwaukee dentist, took a part-time teaching position at Marquette University Dental School, his office was closed often at times when he would normally be expected to be there. To solve his telephone answering problem in an economical manner, he purchased an Electronic Secretary so his patients would be spared the bother of repeatedly trying to reach him.

Now, if they call when he is away from his office, the Electronic Secretary raises the handset three-eighths of an inch and says, "Doctor Becherer's office. This is the recorded voice of the Electronic Secretary. Doctor Becherer is at the Marquette Dental School. If this is an emergency, you may reach him by calling Division 4-1000. If you will leave your name, address, telephone number, and message, I will record it for you. Please do not hang up until you hear my voice again. Begin now————————. Thank you for calling. If you need more time please dial this number again."

Some patients are dumbfounded the first time they hear it, but they catch on quickly and state the time they would like to make an appointment. If there is a conflict, or

Patients record own messages in absence of dentist.

Doctor Becherer is unable to be there at that time, he calls them back and arranges a mutually satisfactory time.

Choice of Answers

The Electronic Secretary consists of a small phonograph with an answering record which can be changed at will, plus a standard wire recorder which can record up to an hour of messages. Depending upon the need, various answering records can be kept on hand and changed to suit conditions. Doctor Becherer has three different records containing six answering messages. One is a "hold" record. This tells the caller that the dentist is busy and to wait. While waiting, soft music is played. If he cannot get there, the record says he is still busy and the music continues. If, after this, the dentist is still too busy to come to the telephone, the record requests that he call back in ten minutes.

He has two answering records transferring calls to his home. One requests a message for the wire recorder while the other merely gives the home telephone number. When the latter record is on, the wire recorder can be taken home for dictation.

One record is used when he is at St. Michael Hospital and there is an a.m. and a p.m. record for use when he has classes at Marquette Dental School.

Whenever he leaves the office he turns on the Secretary and puts on the proper record. In most cases, both units of the Electronic Secretary are in the same office. Doctor Becherer had the wire recorder part of it put in his darkroom so he can listen to the messages in private—just in case some of them are confidential. The unit with the telephone is in the office where patients might hear.

As yet, he has not notified the patients that he has a mechanical telephone answerer. His patients soon catch on and those who have heard it find it reassuring. It is disconcerting to call several times and have no one answer. With an Electronic Secretary, patients do not have to guess why the telephone is not answered. In some cases, there is no message on the wire but the blanks are probably caused by people who call out of curiosity. Sometimes the callers merely say they will call back later. Doctor Becherer averages about five calls a day on the recorder.

There are no electrical connections to the telephone circuit, all the recording being done inductively. Nothing is clamped or screwed to the telephone and it can be answered manually any time by lifting the handset. The telephone can be removed easily from the Secretary and used on a desk in the usual manner.

Records Conversations

Both conversations can be recorded on the wire recorder during a normal telephone conversation.

Thus, if some highly technical information is being received on which one would normally take scribbled notes, every word can be recorded. These recordings cannot be used in court unless the other party knew the conversation was being recorded and had given his permission. Most such recordings, however, probably would not be needed for court cases anyway. They do save the bother of trying to decipher hurriedly scribbled notes. So far, Doctor Becherer has not used this feature of the Secretary.

Equipped with a microphone, the Electronic Secretary can be used for dictation. Thus, for those with office help, letters can be dictated and transcribed later.

Doctor Becherer has used the wire recorder to get acquainted with some of his child patients. If they are somewhat apprehensive, he records their conversation and then plays it back for them. They get interested in the recording and relax.

Recording the conversations at a party at home is fun for those who have never heard their own voices. A spool of wire can replace a letter to family or friends who live out of town and own the same kind of recorder.

Doctor Becherer has had his Electronic Secretary about six months and finds it highly satisfactory. In fact, he would continue to use it even if he had office assistants for its additional service to patients.

837 *North 63rd Street*
Wauwatosa 13, *Wisconsin*

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WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

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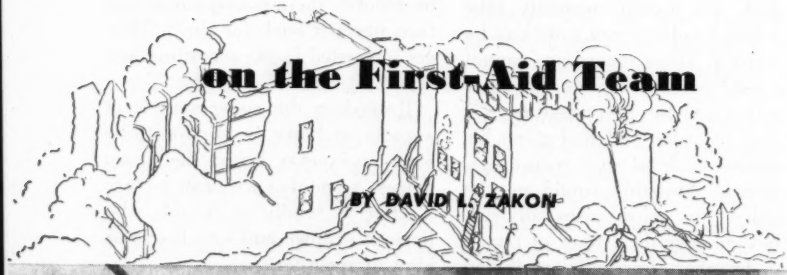
IF you are called to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you ORAL HYGIENE. Please address ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

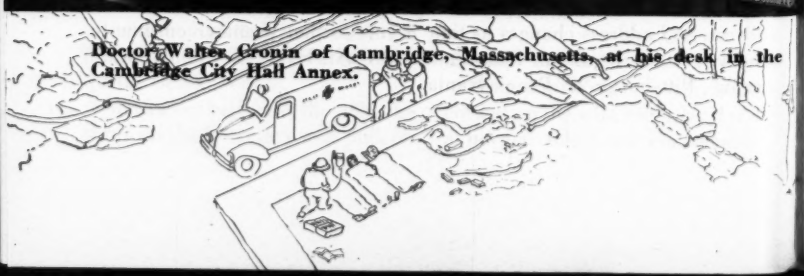
The Dentist



on the First-Aid Team

BY DAVID L. ZAKON

Doctor Walter Cronin of Cambridge, Massachusetts, at his desk in the Cambridge City Hall Annex.



Civil defense requires that in any local emergency dentists be prepared to serve on medical first-aid units.

SINCE THE outbreak of hostilities in Korea, newspaper columnists and radio commentators have told us something of the suddenly accelerated efforts throughout the country to set up a system of civil defense against the time when war may reach the home front. But most Americans have refused to become excited about it. The prevalent feeling seems to be: There won't be another World War for a long time, and if there is one, the attacks on crowded cities will be so overwhelmingly destructive that civil defense would be of little help.

A visit with Doctor Walter Cronin of Cambridge, Massachusetts, quickly dispels such thoughts. This capable, energetic dentist, who serves as Director of Civil Defense in his city, envisions the devastating effects of the bombing of an American city so vividly, it sends a shudder through you. But when he outlines the preparations that can be made to keep casualties and destruction to a minimum, you realize it is not necessary to sit around and wait to become an atom bomb victim.

Doctor Cronin reminds you that an efficient civil defense organization at Hiroshima and Nagasaki could have saved a large proportion of Japan's wounded. He also points out that a civil defense program is adaptable to control of peacetime disaster and, as such, is excellent insurance for a community even if war never comes.

A dynamic man, Doctor Cronin has stepped unexpectedly into national prominence through his exhaustive study of civil defense problems. He feels that people in all fields must volunteer to perform the emergency duties for which they are best fitted. As a dentist, he has considered carefully the role of his colleagues in the defense program.

"Dentists can play a vital part in caring for a city's population in the event of a bombing attack. Oh, I don't mean filling cavities or extracting teeth," he explained, "I mean as assistants to physicians in surgical teams."

Exactly what could dentists do in conjunction with physicians?

As if anticipating that question, Doctor Cronin added immediately: "In time of disaster, dentists can do everything possible for the relief and repair of human suffering that can be delegated to them by the medical men. This includes treating burns, reducing fractures, suturing wounds, tying off arteries, and giving blood transfusions. Their training is second only to a physician's in fitting them for these services. With their medical background in such subjects as physiology, anatomy, and pathology, they would be the logical ones to work with physicians."

Is the dentist's knowledge of theory adequate for serving in the capacity that Doctor Cronin recommends?

Replied the Cambridge dentist: "Manually, there is no reason why an oral surgeon shouldn't make the grade. His hands are trained for making incisions, stitching, injecting procaine, and administering anesthesia. Most of the injuries after a bombing attack are traumatic and the dentist, with proper training, could be as capable of handling them as a physician. After all, he is accustomed to treating trauma of the face.

"The dentist who is not an oral surgeon, of course, would be more restricted in his duties," he went on, "and naturally there would have to be limitations to what he could do in emergency surgical work. That is why it wou'd be essential that dentists serve in teams with general surgeons."

Would the medical and dental groups be sufficiently coordinated to act quickly and efficiently as teams?"

"Yes," Doctor Cronin answered, "provided they are trained to work together before any emergency makes it necessary. Courses designed to train dentists and physicians to dovetail their skills and knowledge should be started *at once* under the auspices of hospitals and medical schools. The first step would be to provide a series of lectures for physicians and surgeons to familiarize them with the type of injuries incurred in a bombing attack and the recommended treatment. This would include a thorough explanation of disaster conditions and the part the medical-aid service would play in the overall defense setup. After the medical men have been organized and trained, it will be time to bring in the dentists."

What would be included in the training of dentists?

"Like physicians, they would start with a series of orientation lectures concerning their part in the defense program. Then they could be taken through hospital accident wards to witness emergency treatment of fractures, burns, and other wounds, and to learn the extent to which they could treat such cases. Surgical teams of the two groups would then be formed to work together."

How can dentists receive such a training course in their communities?

"It is up to dental societies and local groups to endorse the plan," explained Doctor Cronin, "and volunteer the services of member dentists to the local Director of Civil Defense. He, in turn, would notify the head of the medical division to set up the necessary training program under the auspices of local hospitals and medical schools."

The Cambridge dentist cautioned, "Everything must be done under medical supervision, and it must be clearly understood that dentists are to work with physi-

cians at all times during the emergency."

Can properly trained dentists make an important contribution in time of disaster such as that following an atomic attack?

"Their presence can mean the saving of countless lives that otherwise might be lost and the relief of untold suffering. Just visualize the destruction that will result from an atomic bombing," continued Doctor Cronin. "Thousands of people will need immediate hospital attention at a time when the principal hospitals may be destroyed and 20 per cent to 50 per cent of all available physicians killed. It would not be humanly possible to treat all the afflicted. It will be a case of treating only those who have a good chance of recovering and can be treated in the least possible time. With such conditions prevailing, trained dentists could be invaluable in relieving medical men for the work that only they can handle. It is expected that the greatest number of injuries incurred will be severe burns, which dentists could easily be trained to treat."

Doctor Cronin's opinions are widely respected because he has had first-hand experience in disasters. In the fall of 1938 the most devastating hurricane in its history struck New England, and the city of Cambridge in particular. Doctor Cronin headed a Disaster Relief Committee, working tirelessly with other volunteers to restore normal communications and transportation.

The thing that stood out in his mind as Doctor Cronin looked back over this experience, was the fantastic number of fallen trees that had tied up main traffic arteries. Nobody thought to use a power saw to remove them. As a matter of fact, they did not know whether power saws were available, or where to locate men to run them. From this, Doctor Cronin derived what he considers the key to disaster preparation: "Know where supplies and equipment are, and where to find the men who can use them."

On the basis of his service following the hurricane, Doctor Cronin was named deputy, then Director of Civil Defense for Cambridge during World War II. At this time the Cambridge organization was cited for being the outstanding civilian defense group on the East Coast.

In October 1948, Cambridge's city manager asked Doctor Cronin to reactivate a skeleton force of his World War II defense organization, utilizing about 150 key personnel. He was also urged to study the needs of modern civil defense.

Doctor Cronin examined every type of literature available on the subject, and a year ago he joined a group in New York City to study problems of disaster relief and civil defense. This unique group is limited to fifty; each member an expert in some phase of civil de-

fense. The list of members includes Army and Navy officials, civilian defense officers, and supervisors of big industrial plants.

Shortly after that, a report on civil defense was written by Russel Hopley, president of a midwestern public utility company who had been appointed civilian director of a civil defense committee set up by the Department of Defense at the request of the President.

Doctor Cronin felt that Hopley's well-prepared statement failed to cope with the actual problems and conditions of local defense. He therefore wrote a critique on the report, sending copies to the New York study group and to the Department of Defense.

Last March Doctor Cronin was summoned by Senator Brien McMahon of Connecticut, chairman of the joint congressional committee on atomic energy, to testify before the committee on general problems and conditions of local civil defense. A couple of months later the National Security Resources Board invited him to participate in a meeting as a consultant on local defense problems. The NSRB endorsed the plan set up by Cambridge (the first to be organized in the country) and recommended it to those who wished to take immediate action.

Letters began to pour in from Mayors, city managers' associations, chambers of commerce, public safety groups, municipal associations, police chiefs, fire chiefs, and industrial plants. So great were the demands on Doctor Cronin's time that the city of Cambridge printed a brochure outlining in detail its civil defense setup. About a thousand of these brochures have been distributed so far, and more are being printed.

The Teaching Institute of Economics at the University of Southern California has adopted the brochure as its text for a special course on civil defense.

The civil defense situation became amusing when a delegation from the Massachusetts Mayors' Association visited NSRB in Washington for the purpose of obtaining data on defense organizations. They were informed that NSRB did not have a plan set up as yet, but that right in their own back yard, Cambridge had an organized plan which already had been tested in a surprise mobilization alarm and found eminently successful.

The plan which Doctor Cronin has outlined for the best possible use of dentists during national emergency is not just something in the back of his mind. He has already begun to translate it into action. He has consulted with officials of Cambridge City Hospital and is setting up a special training program for physicians and another for dentists.

221 *Pleasant Street*
Brookline 46, *Massachusetts*

Tapering Off—
Via a Home Office

BY MARY D. HUDGINS

Efficiency and economy at a leisurely pace combine for success of front porch dental practice in Arkansas spa.

"WHY DIDN'T you do this ten years ago?" Thus, a Hot Springs, Arkansas, physician approved the action of his friend, Doctor Millard D. Gibbs, who, in September 1949, moved his dental offices from the downtown Medical Arts Building to the sun parlor of his own home.

The change was not made without trepidation. A residence office is almost unique in the Arkansas spa. Largely for the convenience of visitors to the resort, professional men concentrate in a few buildings fronting "Bath House Row" and close to the larger hotels.

Could he hope to achieve a genuinely professional setup in a converted sun porch—even one with a northern exposure? Would visitors to Hot Springs, loyal through the years, remain so when forced to leave the beaten track? Would new patients—local and visitor—ring his bell at the corner of Hawthorne and Woodbine?

Experience has proved a happy affirmative to all these questions. Hot Springs folk have remained loyal, and Doctor Gibbs still serves nonresident repeaters. In one way or another the word gets around; and new visitors seek him out with their dental problems. Names of local citizens never before on his appointment book are scattered through its pages now. It is gratifying and, if he wishes, he could keep as busy as before.

It all happened quite by accident. Doctor Gibbs was seriously considering retiring. He had practiced his profession in Hot Springs for twenty-five years after eighteen years in Adairville, Kentucky. At the Arkansas resort his patients had come from all states in the union and several foreign countries, with more than one man of national prominence. He had written extensively for professional journals, and addressed dental conferences. He had served on national boards and held offices in a number of professional organizations. Financially, he was secure. What was more logical than a

well earned retirement?

His health dictated "slow down!" But an inner voice warned, "It's dangerous to morale to stop suddenly, especially after concentrated activity." But "tapering off" seemed impossible—impractical, to say the least.

A young dentist starting out in Hot Springs wanted to buy the Gibbs office. The agreement reached was satisfactory, but it was found that the space could not be transferred along with the equipment. Medical Arts Building's regulations forbade it. Someone else had priority.

So, through necessity, Doctor Gibbs was led into the course of action with which his imagination had been toying. He sold the furnishings of one operating room and part of his laboratory equipment. The rest he moved to his residence.

Housewives bless him as they find plenty of free parking space on either of the two streets within a few feet of his door. They can meet morning appointments in house dresses and have the added privilege of bringing the children along to play in the yard.

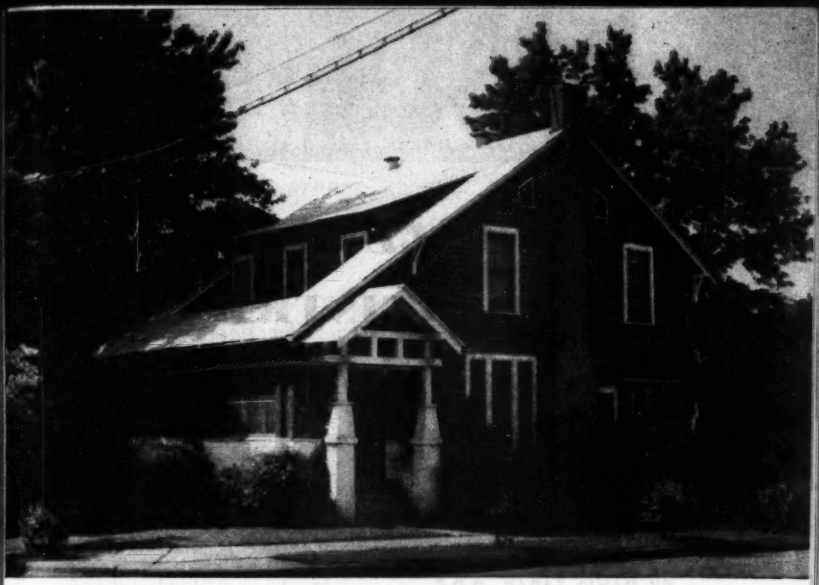
Comfort For All

The doorplate they see is the same as the one at the entrance of the Central Avenue office. Inside, the furniture looks familiar. They recognize the pictures on the walls. The concrete floor of the reception room is a restful battleship grey. Green stained shiplap walls (remember, this is a converted porch) are accentuated pleasingly by the gay floral drapes at the window which opens on the living room.

Instead of a receptionist, patients are greeted by Mrs. Gibbs or by the dentist himself. A 9 x 18 reception room is not large, but since Doctor Gibbs is tapering off, he deliberately spaces his patients judiciously. He never accepts appointments less than thirty minutes apart. For those which promise any difficulty, he saves a full hour.

Beyond the reception room are an operating room (9 x 12) and a laboratory (9 x 6). Basically they are the same room, divided by a high cabinet set at right angles to the front wall (much as a breakfast nook is separated from a kitchen by a china cabinet). Nobody has yet coined a word to indicate the dental equivalent of an "efficiency apartment," but when they do, it will fit Doctor Gibbs' offices perfectly. He rarely needs a dental assistant now. Everything is within arm's reach—and everything that is needed is there. If another pair of hands is needed for a few minutes, Mrs. Gibbs is within range of his voice.

Across the living room from the dental rooms is Doctor Gibbs' office. On the walls are almost a score of diplomas, fellowships, and special citations. Although not often needed, there is a comfortable davenport in the living room on which a patient may recline should he feel faint after surgery.



The converted sun porch of this convenient Hot Springs home is the setting for Doctor Gibbs' successful home practice.—**Photograph by Ronnie's Studio, Hot Springs, Arkansas.**

Economy and Efficiency

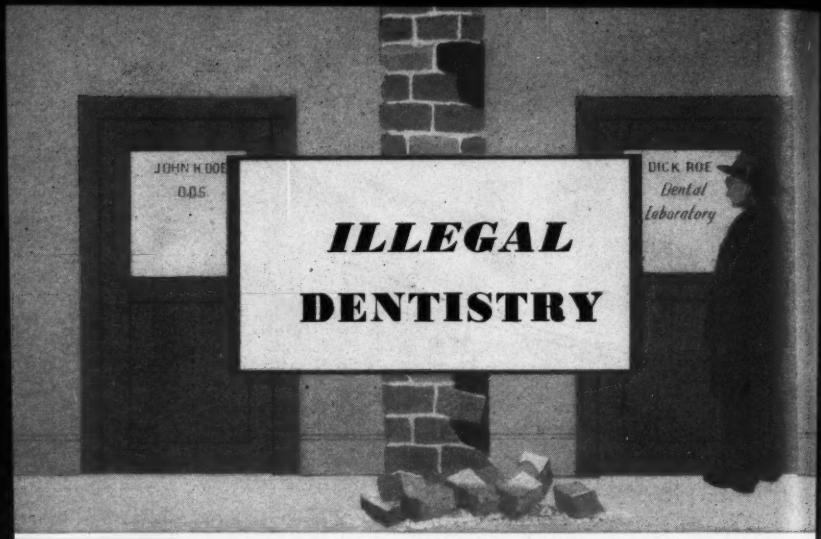
The whole setup is inviting as well as efficient. With a flash of pride in his eye, Doctor Gibbs will tell you that the whole move, complete with van, carpenters, plumbers, electricians, and decorators, plus the necessary paraphernalia, cost not more than $500! Wallboard, with a good substantial door, serves to partition the reception room from the operating room and laboratory. Both units had to be fitted with gas. Water pipes were placed wherever convenient and electric outlets were spaced liberally and strategically.

The Gibbs home is built on a corner, a block from one bus line and a block and a half from another. It is in a quiet, pleasant, residential section; yet it is less than half a mile from the business center of Hot Springs.

The arrangement is satisfactory all around. Overhead has been pared to a minimum. There is only one telephone now. Doctor Gibbs brought his office number home with him along with his unit and light, and an extension takes care of residence calls.

If he wishes, Doctor Gibbs can sleep at least an hour and a half longer in the morning than he did formerly. If a consultation has

(*Continued on page* 1451)



ILLEGAL DENTISTRY

BY DAVID TABAK, D.D.S.

THE THIN edge of unlawful practice tapers off in the licensed dental office where a dentist engages an unlicensed man as an assistant or where the dentist himself has run afoul of the law, yet still carries on. The heavy end of illegal dentistry, however, is to be found inside the ranks of the prosthetic fraternity where, like sin, it is with us always. It is driven underground by legal enforcement and comes more or less out in the open when pressure is relaxed.

Every profession, as it develops and grows, has auxiliary, semi-professional offshoots which, at first, are not only harmless and legal, but fill a definite need. Later, however, these semi or pseudo-professions, taking root in their own right, become bolder, move in closer, put in a claim for independence, and create a situation where the tail begins to wag the dog. How much unauthorized medical advice and how many compounded prescriptions are being handed over the counters of the neighborhood pharmacies? People are trade minded; if they think they can obtain the same article or service by going directly to the producer, they will be tempted to eliminate the middleman and "save." In the mind of the average fairly intelligent person who is harassed by economics, the physician stands in the middle between himself and the pharmacy. The same is true of the dental patient in the dentist-patient-mechanic triangle. There is an exception where purely professional advice is involved. Here, even the simple-minded will long hesitate before

Is the field of dental mechanics reaching Frankenstein proportions because of unchecked boundaries?

consulting a known quack, but will almost invariably fall for a "bargain" when purchasing any concrete article such as a bottle of medicine, eye glasses, or dentures. Since cabbage costs less when bought from the truck farmer, why buy it from the corner grocery store?

This reduction of an important health service to the barter level of commodities is a most unfortunate but apparently inevitable result of our rapid growth. Dentistry, in its larger relations being but a specialty of medicine, is itself divided into twelve smaller specialties and is currently undergoing further fission. It is, therefore, almost a physical impossibility for the dentist to become master in all dental departments, and it would be unfair to expect him to do so. From his first day of practice our dental neophyte starts to shed some of his tasks, to delegate and to refer; unwittingly conceding superior skill to a satellite. In time, some such satellites, conscious of their skill and unhampered by law or ethics, lose sight of the original relationship and make a beeline to the consumer, the dental patient.

All of this is traceable to a period long ago when the crude but resourceful barber-jeweler-mechanic-dentist rose to the impressive position of doctor and, finding himself busy with oral medicine and surgery, began to relegate some of the less important mechanical work to an unlettered assistant. Little did the dentist realize then that in so doing he was to open the way for a Frankenstein. Today dental mechanics has expanded enormously, has divided into many specialties, and has become big business. But, as far as its race for legal recognition is concerned, the industry today, is roughly divided into, a) an indeterminate group at the bottom of the ladder which, with termite-like unscrupulousness, gnaws at professional standards by flouting the law and, to all intents and purposes, practices dentistry; b) a much larger group—perhaps the largest—which conforms to a self-imposed code, is loud in its protestations of friendliness and cooperation with the profession, but which is not above occasional minor, and sometimes major, infractions of the law and betrayal of our trust; c) a comparatively large but inarticulate group which, enjoying mutual respect, happily practices the live-and-let-live formula within the status quo; d) and, finally, the vociferous group which looks upon itself with dreadful seriousness, is imbued with restless ambition, and goes through the motions of speaking for the entire industry; it chafes under imagin-

ary restraints and cries loudly for legal recognition as a full-fledged profession. It is this last group with which organized dentistry is forced to tussle year in and year out, much to our chagrin and sorrow.

Hazards of Licensure

In the State of New York, for example, this utterly needless divisiveness has lately reached a state of intensity which is anything but professional. "With licensure," cry the dental mechanics, "we will be able to eliminate the illegals from our midst by simply taking away their licenses." "With licensure," say the embattled dentists, "a still greater number of the public will be more confused. Those mechanics with an eye for the illegal trade will be able to flaunt official insignia before a befuddled public and befuddle them the more. The present line of demarcation between dental surgeon and dental mechanic will become even thinner. Reasonableness will give way to arrogance and further usurpation will continue."

This warrior group, refusing to take no for an answer, keeps returning with increasing vehemence to renew its battle for "licensure." Last winter in the State of New York they went on the air in an attempt to reach the public over the head of organized dentistry, and roundly denounced the profession in uncomplimentary terms, charging it with fleecing the people.

This periodic groundswell of seemingly irrepressible opposition can be identified as greed, pride, inferiority complex, vanity; all of which stem partly or wholly from a sense of insecurity. At a distance one can be philosophic and call it the eternal ebullience of the free human spirit or, possibly, the simple process of growth. One may reach still greater heights of tolerance and remember that, since life as a whole is but a continuous process of evolution, friction, and adjustment, this interaction of human groups with its occasional fireworks is but part of the whole. However, in line with this very philosophy and as civilized human beings, it behooves us to clarify and emphasize existing demarcations and to stop further incursions into our profession by unqualified persons.

Tolerance is a civilized virtue, but a negative one. Beating off attacks is a necessity but hardly a way of winning a war. This vexatious problem has long since outgrown its local character. The fight should not be left to the district societies only. A dignified and authoritative voice on a national scale should be raised to alert the general public against the hazards of illegal dentistry and, at the same time, examine fully this dentist-mechanic relationship. Once and for all, an official stand should be taken in defining and delimiting the boundaries of each group to itself, to one another, and to the

public. Dental mechanics have come to stay. By now, we and they are vital, indispensable parts of one whole. We must not allow minor differences to degenerate into a slugging match. The national office should take cognizance of what has become local festering sores and, in the interest of the profession and the public, should lend its tremendous influence toward peace in the house of dentistry.

270 *South Third Street*
Brooklyn 11, *New York*

MANHATTAN AND BRONX APPROVE DENTAL CARE PLAN

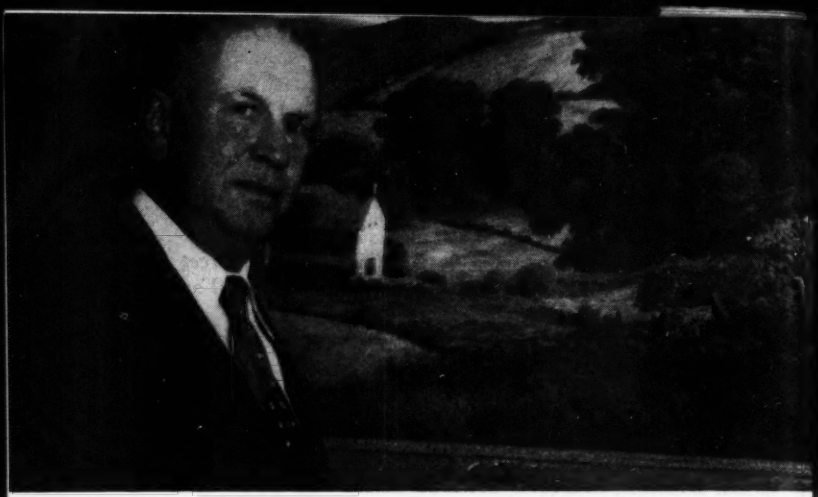
FIVE OF every six members of New York's First District Dental Society have approved the first voluntary insurance plan for dental care in the Nation, according to Doctor Oscar Jacobson, President.

Group Health Dental Insurance, Inc., 120 Wall Street, as described by Doctor Jacobson, offers complete dental care for families with an income of less than $5,000 a year at a cost of $72 a year. This premium applies to a family of three or more. Families of only two persons would pay $39.60 and individuals $19.80 annually. The plan will pay only part of the cost of dental care of families having over $5,000 annual income, and the subscriber will pay the remainder.

Each subscriber will be expected to pay a reasonable fee for the correction of dental defects existing at the time the insurance period begins. The insurance plan will pay all fees for initial treatments above $150 a person regardless of family income.

A two-year experimental *Pilot Plan* will be tried in Manhattan and the Bronx as a test to determine a sound actuarial basis for calculating the cost of dental care under a permanent plan. In its present form, the plan will be limited to 25,000 subscribers in employee groups only. Business organizations with 60 or more persons will be eligible if at least 75 per cent of their employees enroll, in order to assure a good selection of risks.

Doctor Bissell B. Palmer, originator of the plan and secretary of Group Health Dental Insurance, Inc., a non-profit organization, expressed the hope that other dental societies in the area would join in approving the plan. It is expected to be available to the public in about six months.



Doctor Robert E. Motley shown standing in front of his prize-winning painting entitled "Sunlit Hills."—**Henry F. Unger photograph.**

Dentist with *Palette*

BY HENRY F. UNGER

PATIENTS OF Doctor Robert E. Motley cannot complain about a drab dental office. In fact, they are surrounded by more than a score of beautiful landscapes—all the handiwork of the Washington, D. C., dentist. So attractive are the dentist's oil paintings that visitors not seeking dental care often saunter through his office and the offices of other dentists in the same building, eager to see for themselves the brilliant artistry of the dentist-painter.

Whenever he can, genial, husky Doctor Motley sets aside the handpiece for an artist's brush. Around the seasons he tramps over the countryside, carefully watching for an arresting scene. From his walks and automobile trips into the Rocky Mountains, Adirondacks, and Catskills has come his one-man art show spread out in dental offices in Farragut Medical Building's sixth floor.

Displayed proudly above his office desk and considered Doctor Motley's finest painting is "Sunlit

For relaxation and a keener sense of aesthetics, Washington dentist recommends an interest in art.

Hills," a combination of sentimentality, home life, and gay colors. So appealing was this 24 x 32-inch mountain scene in the original that the famous art dealer, Rudolph Lesch, bought it immediately. Since the purchase, over a thousand copies of the pleasant landscape have been sold. Frequently Doctor Motley discovers this favorite picture in an attractive home or in a leading art gallery. Since the sale of his painting, Doctor Motley has repainted the scene for a 36 x 48-inch frame. Ranking second in the collection of Motley paintings is his scene entitled "My Country." Painted in the same neighborhood but in a different season, the gorgeous landscape elicits sighs of approval from patients and art-loving visitors.

A 27-Year-Old Hobby

The 61-year-old dentist, who combines his art with a busy day at the dental office, caught the painting fever in 1923. He was attending a faculty meeting at Georgetown University Dental School where he was an instructor. The pictures there aroused in him a desire to paint and he has not stopped since. A course at the Corcoran Art School emphasized the artistic leaning of Motley, and soon he was painting on canvas. A landscape fringed with a house and fruit trees was, to his surprise, chosen for an art show, and brought $50 from a customer. Doctor Motley was stunned. This was the beginning of a busy hobby-career.

A giant for endurance, the Pittsfield, Illinois, native thinks nothing of standing all day at his dental chair and then rushing to his studio in Arlington, Virginia, for several more hours of standing before a canvas. Doctor Motley will not sit while he paints, nor will he handle portraits. In fact, he has narrowed his subjects to landscapes in oils because he likes the outdoors and the relaxing moods of Nature.

The Motley approach to a painting is simple. A drive into the country or mountain regions during vacation time reveals beautiful scenes easily transmitted to canvas. Mountains with a wavy and irregular outline are preferred. To get the feel of an area, he often makes some quick rough sketches which are taken along and filled in with color later. Doctor Motley's landscapes must contain some animals or an old house generally. Otherwise, he believes, they lack dramatic appeal. When there is sufficient time, the dentist will paint a portion of the scene in the morning and another in the afternoon, so that several moods might be blended into the painting. A severe self-critic, Doctor Motley has destroyed as many as a hundred of

his paintings in a single year. Once he approves the picture, he adds it to the display in his and surrounding offices.

Paints on Request

Although the dental expert paints for the sheer pleasure he gets from his hobby, he often paints scenes on commission. Not long ago he was working on a 45 x 72-inch mountain scene to fit over the mantel in a private home. Customers suggest in general terms what they want and the dentist chooses the scene and coloring. The highest price he received for a painting was $250 for a scene in the Adirondacks. Frequently Doctor Motley's paintings, entered at various art exhibitions, are sold immediately to visitors.

In exclusive art exhibits, where artists are fortunate even to be included, Doctor Motley has at least one painting on display regularly. Only after a rigorous testing by competent judges may an artist appear in such exhibitions.

A 1916 graduate of the University of Michigan, and later a postgraduate of the University of Pennsylvania, Doctor Motley has no patience with the so-called modern art. "It's just nonsense and a get-rich-quick scheme. I think my patients and visitors prefer my landscapes to the modern works because my paintings are realistic —something they know exists outside of them," the dentist emphasizes.

Standing before his canvas, Doctor Motley admits that he likes the more somber colors. Cool blues, greens, and violets are found most frequently in his landscapes. Of late, however, he has been leaning toward reds and yellows. Doctor Motley spends considerable thought on appropriate titles. Some may apply only to the scene, as the "Mullet Hole," a favorite spot for fish. A beautiful white house surrounded by a spacious landscape is called, "House by the Side of the Road."

Rewards of Painting

For years Doctor Motley's painting has been his main source of relaxation. Seriously ill for some time, he was permitted to stroll along the wooded paths of the hospital's extensive gardens. Soon he had his palette and canvas in front of him. "Health seemed to course through me quickly," he recalls.

Doctor Motley, who completes at least one 8 x 12-inch painting a week, usually to be given to his friends, makes his own frames. He uses wormy chestnut and white pine, and applies gold leaf. Frames are designed to suit the mood of the painting.

Leonardo da Vinci is the ideal of this dentist who belongs to the Washington Arts Club and the Fellowship of Pennsylvania Academy of Fine Arts. Doctor Motley also singles out the artists of the early Twentieth Century American School as realists. "I am too con-

servative," he insists, "to win major prizes. Also, I don't follow modernistic tendencies in art."

Besieged by struggling artists, Doctor Motley helps them without charge or obligation. In addition to his painting, Doctor Robert E. Motley collects and raises bees and has extensive flower gardens.

Not only does the artist-dentist feel that his hobby aids in relaxing his nerves after a grueling day, but he is convinced that his sense of color is an asset to him in dentistry, particularly when constructing dentures to match original teeth. He is certain that any dentist who wants to paint can achieve equally satisfying results. "If you have talent for painting, see an art school director," he advises. "Once you learn, you'll find it is the dessert of the day."

4930 *South Dakota Avenue, N.E.*
Washington 17, *D. C.*

TAPERING OFF — VIA A HOME OFFICE

(*Continued from page* 1443)

proved a strain, he can lie down for a few minutes between patients. There is always a good home-cooked meal to be eaten at leisure. With only a white jacket to slip off and less than twenty steps to take, he has a full two hours for rest and relaxation at noon time.

Only one question bothers Doctor Gibbs. Otherwise he approves of his move completely. It is a paraphrase of the one posed by his physician friend: "Why didn't I do this ten years ago?"

457 *South Border*
Hot Springs, Arkansas

CAN YOU USE A DOLLAR?

To EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News* (see page 1459) we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

The Present Dental Situation *in the Armed Forces*

BY LESTER C. HUNT, D.D.S.
U. S. Senator*

CURRENTLY (September 1, 1950) on duty in the armed forces there are 2,378 dentists, divided as: Regulars 1,351, Others 1,027

Under the announced expansion program there is a requirement for a total of 4,200 dental officers. Currently the ratio of dentists per 1,000 troops is as follows: Army 1.8, Navy 2, and Air Force 1.4. All services at this time authorize two dentists per thousand.

The general situation in the various services as of today is:

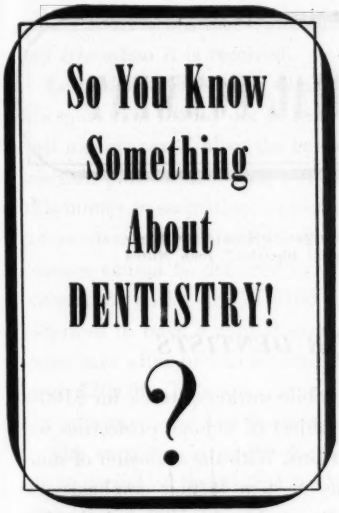
Army: A shortage of dental personnel in the Army has existed since the recent war. With the exception of the Senior Dental Student Program, vigorous procurement efforts have about offset the losses resulting from category expirations, retirements, and other normal attrition. Because of this shortage of personnel, the dental condition of the members of the Army is not a healthy one. Owing to the immediate need for this type of personnel, a levy was recently placed on the Continental Army Commanders for call to active duty, with or without their consent, 343 reserve dental officers. Similar levies in the future are anticipated if other means of procurement are not established.

Navy: New procurement and requests for active duty from inactive reserve dental officers are today augmenting the number of dental officers on active duty, but are not sufficient to meet the increased demand under the current situation. All dental officers attached to the Organized Reserve are presently being ordered to active duty, but this action will not provide a sufficient number to meet the requirements for the end of fiscal year 1951. It is anticipated that volunteer reserve dental officers will be ordered to active duty to meet the increased demand.

Air Force: At present, the main source of dental officers is the group of approximately 390 holding reserve commissions who are not on extended active duty. The Air Force is appealing to all reserve officers whose services can be utilized immediately.

*Senator Hunt is Chairman of a Subcommittee of the Armed Services Committee to conduct hearings on bills affecting the dental and medical professions.

So You Know Something About DENTISTRY!



QUIZ LXXIII

1. Transillumination is useful in detecting (a) infections in the soft tissues of the gingiva and the periodontal tissues, (b) osteomyelitis, (c) disease in the maxillary sinus. _____

2. Teeth erupting late resist caries (a) better than, (b) not as well as, (c) about the same as, those erupting early. _____

3. What determines the penetrating ability of the X-ray? _____

4. True or false? The greatest disadvantage of the acrylic resin denture is its lack of dimensional stability. _____

5. Is the presence of teeth in a proper number and relation necessary for the normal growth of the jawbones? _____

6. Which of the following is a true deodorant? (a) Normal saline solution, (b) chloramine, (c) acriflavine. _____

7. To solder stainless steel, what type of flux is generally used? _____

8. Is the color or position of teeth in the area changed in the presence of a cementoma? _____

9. Do the sulfonamides prevent the spread of infection through the blood stream? _____

10. The setting of alginate impression material is a (a) chemical, (b) thermal, (c) mechanical, process. _____

FOR CORRECT ANSWERS SEE PAGE 1461

EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

NO PENSIONS FOR DENTISTS

WHEN THE coal miners, steel and automobile workers, struck for $100-a-month pensions to be paid at 65, the subject of old-age protection was highlighted for many self-employed persons. With the inclusion of more wage earners under the Social Security System further emphasis was placed on old-age security. Dentists still remain outside the circle. Any pensions that they receive must be provided by themselves, and so far there has been no inclination to include dentists under Social Security.

The pensions to be paid industrial workers come out of the corporate income as business expenses and are not subject to federal income tax. These funds do not become taxable until they are received by the pensioner when he has retired and is in a lower income tax bracket. For example, the General Motors Corporation sets aside funds under a government approved plan to pay the pensions of employees when they become eligible. No income tax is paid on these funds by either the corporation or the employee. Until he is separated from his regular employment, the employee does not become eligible for pension. When his pay ceases, he begins to receive the pension, and not until then does he pay any tax.

In the case of Social Security funds the employer's share is paid out of gross receipts as a business expense and is thus tax free. The employee's contributions are not tax free, but when the benefits are paid they are not subject to federal income tax. The industrial worker, therefore, who has a pension derived from both company and Social Se-

curity sources has the advantage that part of his pension is completely tax free when it is received.

Let's look at the dentist who wishes to provide for his old-age security. He must save money out of his net income; money upon which he paid full income tax. Unlike the corporation, he cannot deduct the cost of a pension plan from his gross receipts as a business expense. He invests this money in securities or property. The interest, dividends, or rents that he receives are all taxable as income when received. The tax on this income cannot be deferred to a time when his earnings are less. To be assured of an income of $100 a month as his own pension, he will be required to have a capital saving of at least $40,000. This $40,000 he must save after he has amortized the cost of his education, which is at least $30,000. This amount represents both the actual cash outlay for his education and lost income for a six-year period.

The earnings of professional people are "bunched" in a relatively short period of twenty-five to thirty-five years. That means that during those years they are thrown into the higher income tax brackets and pay a much higher lifetime tax than the earner who has the same lifetime income but spread over more years. The dentist whose major earnings are concentrated in the years from 25 to 60 pays a much higher total tax than the earner who receives the same total lifetime income spread over the years from 20 to 65.

Although the House of Delegates of the American Dental Association has not looked with favor upon the inclusion of dentists under the Social Security System, there are a good many dentists in practice who have not been heard and who look with interest at some form of old-age protection that would be assured and not too costly. It might be well if a plebiscite were conducted among all the members of the American Dental Association to learn their attitude toward Social Security coverage. Unless such a vote is taken no one will *know* the sentiments of the profession on the subject.

Edward J. Ryan

Scott T. Holmes (left), Secretary-Treasurer, Great Lakes Society of Orthodontists; James H. Vanderlaan, Secretary-Treasurer, Muskegon District Dental Association; Herbert I. Benn, all of Muskegon; and Emert R. Lange of Stevens Point, Wisconsin.

Portraits and Profiles

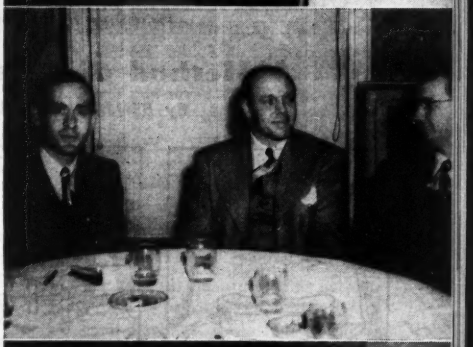
of American Dentists

By Howard A. Hartman, D.D.S.

Left to right: Richard R. Stevenson; Joel Vugteveen, Past President, Muskegon District Dental Association; Louis J. Kinsiger; and Joseph P. Stewart at meeting of the Muskegon society.

Seated, left to right, are members Erwin H. Ochs, Ernest W. Binkley, and Ira Nordhoff of Muskegon.

Left to right: John H. Nolen, Vice President of Muskegon District Dental Association; Henry W. Young, President; and Andrew J. Donnelly, Member of Executive Board of the Michigan State Dental Association; all of Muskegon.



MUSKEGON DISTRICT DENTAL ASSOCIATION MEETING

Frank B. Hinchman, veteran of 59 years of practice; Robert W. Christie and Josias A. Racette (left to right) all of Muskegon.

The Mixer brothers of Muskegon; Daniel C., John C., and Robert (left to right).

TECHNIQUE of the Month

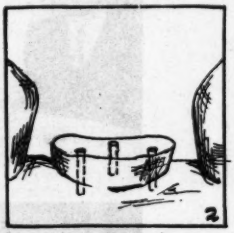
Conducted by **W. EARLE CRAIG, D.D.S.**

Drawings by Dorothy Sterling

A Method of Restoring Molars

By BENJAMIN PERLOW, D:D.S.

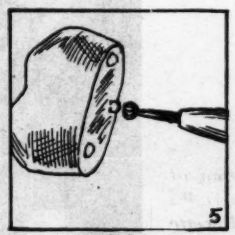
The case: Lower six-year molar broken down by caries or erosion almost to the gum tissue.



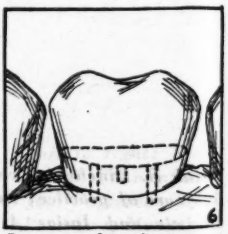
Remove caries and square the margins to remove undercuts. With a No. 1 round bur, drill two holes close to the buccal wall and one close to the lingual wall as shown.

Take a tube impression and run an amalgam die. Place inlay wax on the tooth. Have the patient bite and record contact points.

Set the wax on the amalgam die and carve to desired shape. Wax and model will show where pin holes have been drilled.



With a No. 4 round bur, free the three points on the wax carving where the pins will set. Place metal pins in the holes drilled into the tooth. Set the carving on the tooth.



Insert a hot instrument into the wax carving, touching each pin to melt the wax and engage the pin. Cast in the usual manner.

Dentists in the NEWS

Biddeford (Maine) Daily Journal: One evening about 9:30 Doctor Malcolm Filson, dentist from Ogunquit, Maine, heard a cry for help on Square Pond near Shapleigh. He put out in his canoe and, despite heavy fog and darkness, found Ralph Thompson of Kittery floundering in the water. Thompson had been fishing while standing up in his boat and when he tried to sit down he fell into the water. Heavily clothed and unable to swim, he became frightened and Doctor Filson reached him just in time to save him from possible drowning.

St. Louis (Missouri) Post-Dispatch: Doctor Lee Roy Main, Dean of the St. Louis University School of Dentistry, spent a month during the summer on a lecture tour of Europe. He also made a study of European dental schools for a report to the American Dental Association. At the invitation of the American Dental Society of Europe, comprised of graduates of American and Canadian universities practicing in Europe, Doctor Main lectured on oral roentgenology in Amsterdam.

In addition to his visits to France, Germany, Austria, and Switzerland, Doctor Main spoke at the University of London Institute of Dental Surgery, the only postgraduate school of its kind in England.

Asbury Park (New Jersey) Press: For about eighteen years, Doctor Robert F. Hunter, Long Branch dentist, has been intrigued by the nesting habits of birds. He is known as an amateur nidologist because of his study and collections of nests which now numbers over fifty. This is indicative of the skill and hard work involved each spring in the nesting of some 140 species of birds along the New Jersey shore. The birds are versatile. Materials for their nests include almost everything a human being might consider usable for such a task, and possibly more.

Pine twigs laid log cabin style make up one bird effort; plain yellow mud carried in small quantities and patiently daubed on represents another. Pieces of small-diameter wire, lichens, bark, cellophane, tissue paper, silk strands, straw, and hair-like grass are the most common materials used by the various birds that nest at the Shore.

St. Paul (Minnesota) Dispatch: Doctor E. K. Clements, 85-year-old Faribault dentist, recently began his 65th year of practice. Despite his age, Doctor Clements is up early each day and keeps his regular office hours. His leisure time is spent tending to his vegetable and flower garden which is his chief occupation outside his dental practice.

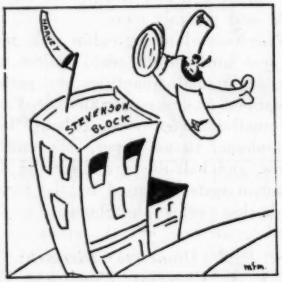
On the rolls of the Minnesota Dental Association as its oldest practicing dentist, Doctor Clements plans to "just continue" with his practice.

Sauk City (Wisconsin) Pioneer Press: The Very Reverend Edward J. O'Donnell, S.J., president of Marquette University, has announced the appointment of a new dean of the Dental School at Marquette. He is Doctor O. M. Dresen

of Milwaukee who has served as acting dean since 1948. Doctor Dresen is also president-elect of the Wisconsin State Dental Society.

Chicago (Illinois) Sun-Times: Doctor George A. Stevenson, a stocky, placid-looking man of 56, in some ways is a man of conservative tradition. He practices dentistry in his Harvey, Illinois, office in the second-floor turret room of the two-story Stevenson Block, built by his father in 1890.

In contrast to his conservative appearance, Doctor Stevenson is an amateur aviator who is now flying his sixth personal airplane. In his approximate



twelve years of flying, he has logged 2,186 hours and 220,000 miles of flight, crisscrossed the United States several dozen times, and visited many distant places. His flights, as recorded on a map of the Western Hemisphere in his office, make a nearly unbroken network from the Arctic Circle to the Equator. He still hopes, after two years of trying, to get permission from the Canadian government to fly up to Churchill on Hudson Bay.

Recently he chatted while a patient waited in the chair for the anesthetic to take effect. When it had, Doctor Stevenson neatly extracted five teeth, put his instruments in the sterilizer, whipped off his apron, reached for his coat and said, "Let's go. Haven't another appointment for two hours."

New York (New York) Times: The establishment of a community college in Middletown, New York, was the only answer to the challenge that fewer young people from Orange County attended college than from any other area in the State. Doctor W. Mortimer Clark, Middletown dentist, together with representatives of other professions and businesses, formed a Committee for Higher Education to investigate the possibility of local college training for farm youth who could not afford the expense of going to school away from home. The result was the acquisition of a large estate with a four-story stone residence and other small buildings as well as a grant of $1,200,000 from the State of New York.

As one of the first two community colleges in the State University system, Orange County Community College opened for its first semester on September 21 with an approximate enrollment of two hundred students and a faculty of fifteen. In addition to courses in liberal arts, agriculture, business, and building construction, the two-year college is offering preparation for dental and medical assistants.

Chicago (Illinois) Tribune: Doctor E. T. Hunt of the Canadian Federal Health Department probably can claim to have the most widely scattered dental practice in the world. He is full-time dentist to Indians of the North West Territories, drawing patients from 1,250,000 square miles.

The appointment of Doctor Hunt to this position marks the beginning of a health program among the Northern Indians, which is regarded as a major step in an overall dental program developing in the Indian Health Service Department. Dental officers serve Indians in six of ten Canadian provinces.

Philadelphia (Pennsylvania) Evening Bulletin: During the National Boy Scout Jamboree at Valley Forge, Clare Bickford, Hood River, Oregon, scoutmaster, was disturbed momentarily when he was notified that a telegram awaited him. But there was no need for his concern when he learned that the wire was a $45 money order signed by Hood River's eight dentists, Doctors Gaulke, Henderson, Hutchinson, Ireland, Jenkins, Murphy, Pineo, and Smith. They wanted Bickford's troop to be able to afford some treat on the way home.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Mrs. Elizabeth O'Brien, River Road, Kennebunkport, Maine.
M. Whelehan, 8823 Madge Avenue, Brentwood 17, Missouri.
I. S. Pomerance, D.D.S., 3154 West 63rd Street, Chicago 29, Illinois.
Benjamin Weinrach, 312 South Broad Street, Philadelphia 2, Pennsylvania.
Charles V. Mathis, 6311 Park Boulevard, Wildwood-by-the-Sea, New Jersey.
Mrs. Albert Paepke, Sauk City, Wisconsin.
M. B. Newman, D.D.S., 1410 Morris Avenue, New York 56, New York.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXIII

(See page 1453 for questions)

1. (a) infections in soft tissues, (c) disease in the maxillary sinus. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company 1946, page 31)
2. (c) about the same. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, page 77)
3. The voltage applied to an X-ray determines the penetrating ability of the X-rays produced. (Richards, A. G.: Roentgenographic Technics Made to Order, JADA **39**:400 [October] 1949)
4. True. (Skinner, E. W.: Acrylic Resins: An Appraisal of Their Use in Dentistry, JADA **39**:266 [September] 1949)
5. No. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 149, page 119)
6. (b) chloramine—a solution in water, one percent, is useful in overcoming odors of local origin. (Accepted Dental Remedies, ed. 14, Chicago, American Dental Association, 1948, page 76)
7. One containing potassium fluoride. (Lane, J. R.: A Survey of Dental Alloys, JADA **39**:435 [October] 1949)
8. No. (Morgan, G. A.: Anomalies of the Anterior Region of the Mandible, DENTAL DIGEST **54**:261 [June] 1948)
9. Yes. (Thoma, K. H.: Oral Surgery, Vol. 1, St. Louis, C. V. Mosby Company, 1948, page 7)
10. (a) chemical. (Grossman, L. I.: Handbook of Dental Practice Philadelphia, J. B. Lippincott Company, 1948, page 355)

ASK Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Exposed Cervical Areas

Q.—I have a patient of about 35 who has a diabetic condition, but his physician says it is completely under control. He has a large number of exposed root surfaces which are sensitive to any change of temperature—so much so, that he insists on a full extraction. What can you suggest as to treatment?—G. D. L., Minnesota.

A.—We have had wonderful success in reducing the sensitiveness of exposed cervical areas of teeth through the use of a 33-1/3 sodium fluoride paste. This paste, composed of sodium fluoride, white clay, and glycerine, equal parts, was suggested by Bibby and Hoyt[1] in 1943.

The Gottlieb impregnation technique, in which zinc chloride is precipitated on sensitive areas with potassium ferrocyanide also is effective in reducing sensitiveness of cervical areas and open cavities.—GEORGE R. WARNER.

[1]Bibby, B. G.; and Hoyt, W. H.: Use of Sodium Fluoride for Desensitizing Dentin, JADA **30**:1372-1376 (September) 1943.

Epithelial Rest Cyst

Q.—I should appreciate your opinion of this case: A man, about 30, complained of severe headaches, dizziness, and faulty vision. He had seen physicians for two years, and had these symptoms for the same length of time.

I made a roentgenogram and found a cyst at the apex of the upper right central incisor. I thought the pulp was dead, as there was no response to heat or cold. But upon drilling, the pulp proved to be vital. I then removed it, filled the canal, and planned to do a root amputation. Instead, I opened the labial process and drained the cyst and curretted. One week later, the patient returned to have the stitches removed, and commented that all his symptoms had disappeared in twenty-four hours.

However, he returned almost a year later and had one of those headaches, with referred pains. I made roentgenograms again and I am of the opinion that another cyst has developed in the incisive fossa. If so, should I send this man to an oral surgeon? I do not like to touch the nerve tissue in the fossa. Should this upper central be extracted? Your candid advice will be appreciated. —M. C. M., South Dakota.

A.—From the clinical picture of your patient as well as from the evidence in the roentgenogram, you were dealing with an epithelial rest cyst. It might have been an incisive canal cyst although it was not as extensive or quite as centrally located as this type of cyst usually is. Your treatment was

right but it is possible you did not enucleate all of the cyst wall.

The present cyst contains a small bone sequestrum. It is smaller than the first one and has moved away from the root of the left central incisor.

I believe you can safely reopen the cyst, carefully curette the walls, pick out the small sequestrum and suture the wound, with reasonable assurance that it will give no more trouble. Extraction is not indicated.—GEORGE R. WARNER.

Second Molar Extraction

Q.—Recently, I extracted an upper right second molar for a man of about 40. As there was almost no crown, I had to split the roots and remove them separately. In doing so, I opened into the sinus. The third molar was loose but, as its removal would have enlarged the opening, I decided against extraction. I placed an iodoform gauze dressing in the socket. When I saw the patient next, there was a normal swelling in the zygoma region and a normal aftermath of pain. He could open his mouth only slightly. On the following day the swelling was about the same, but he could open his mouth wider. There was only occasional pain in the back of his head. A slight rancid odor was evident when the dressing was removed. The opening is about half the size of a dime. I prescribed penicillin therapy.

Can an opening of this size heal by itself? Please advise as to how to handle this case, and what type of treatment you would institute.—J. R. W., Illinois.

A.—From your description of the case, illustrated with a drawing, I think you made a mistake in not removing the third molar. I would remove the third molar now and would then call an otolaryngologist in consultation. Probably he will establish drainage through the nose.

Following the establishment of nasal drainage, the oral opening may close without further treatment. It may, however, be necessary to close the oral opening by a plastic or flap operation.—GEORGE R. WARNER.

Reaction to Cold

Q.—This patient is about 38 years of age. His upper anterior teeth react sharply to cold liquids or cold air on the labial gingival areas. There are no restorations or signs of breakdown in the enamel. The gingiva is not sensitive to instrumentation. Could it be some vitamin deficiency?

I should appreciate your diagnosis and suggestions.—L. K., Wisconsin.

A.—The sensitiveness of these upper anterior teeth could be the result of trauma, if the bite is such that the lower incisors are in heavy occlusion against the lingual of the upper incisors. Or, it could be merely that these teeth are unusually sensitive. — V. CLYDE SMEDLEY.

Traumatized Incisors

Q.—I am sending a roentgenogram of a 15-month-old girl who fell and either pushed her front teeth up into the gingivae 1.5 mm. or caused the gingivae to swell that much. This happened over fifteen days ago and while they are still uncomfortable, the color of the teeth remains normal. What would you advise as the next step?—G. E. M., Nebraska.

A.—In the case of the 15-month-old infant whose maxillary central incisors have been severely traumatized, I believe, in light of the fact that the teeth have not changed color, it would be wise to await further developments. If the pulps die and abscesses form, the teeth will have to be removed. But we hope they will remain alive and eventually assume their normal positions.—GEORGE R. WARNER.

Extraction Wounds

Q.—I have been placing in sockets a paste made of sulfa or penicillin tablets and benzocaine ointment, in an effort to reach the apex of the socket. This treatment has given excellent results. Recently, I substituted bicarbonate of soda tablets for the sulfa tablets; this was successful also, except in one case. In this case, I found the paste had not dissolved, but had taken on a sand appearance and feeling. The odor was neutral.

With the ointments and jelly-like preparations for socket insertion, my experience is that they exude in a short time with the oozing blood.

Do you know of a paste on the market with such consistency as mine? Of course, in office compounding, there is a risk of incompatibility.—E. G., Georgia.

A.—It is the opinion of our exodontist that extraction wounds generally heal better without pastes or packs of any nature. The blood clot usually forms and holds better without the type of treatment you have been using. One can insufflate the wounds with a fine penicillin and sulfa powder without interfering with the formation of a blood clot and perhaps with beneficial effect in some cases.—GEORGE R. WARNER.

Fluorosis

Q.—I have a young patient, a boy of 12, whose teeth are good but they are white or chalky looking with dark brown stains. Most of the chalky condition appears on the molars, and the dark brown stains effect the upper centrals. I used a rubber pumice wheel on the brown stains to see if they would come off, but they are real stains.

The boy's family lives in the country and has a deep hard water well and I wonder what minerals would cause the staining. The chalky spots are not soft like the usual chalky condition. I made four small pit restorations and the teeth themselves are what I would say "on the hard side." The four are the only restorations in his mouth.—F. F. T., Nebraska.

A.—Your description of the 12-year-old boy points to a case of fluorosis. Deep water wells often carry a high fluorine content, even as high as five parts per million. However, your description indicates that the water which was responsible for the condition of your boy's teeth carried about two parts per million of fluorine.

You can remove the brown stains by a method advocated by Raper[2] or by the writer.[3] The white or chalky appearing spots cannot be removed.—GEORGE R. WARNER.

Sugar and Toothache

Q.—Why do sweets cause odontalgia?

---

[2]Raper, H. R.; and Manser, J. G.: Removal of Brown Stain from Fluorine Mottled Teeth, DENTAL DIGEST **47**:390-396 (September) 1941.

[3]Warner, G. R.: A Method of Bleaching Mottled Dental Enamel, DENTAL DIGEST **50**:510-511 (November) 1944.

What is the chemistry of this reaction? —R. T. K., New York.

A.—It is thought that sugar causes a sharp change in the surface tension of teeth and, because of exposed dentine, either at cervical areas or in carious areas, there is probably a negative pressure which affects the exposed nerve fibers much the same as heat or cold.

While this explanation of the painful effect of sugar has been suggested, I cannot find substantiation of it in the literature. The reaction is probably physical rather than chemical. — GEORGE R. WARNER.

Anemic Patients

Regarding a letter in ASK ORAL HYGIENE[4] in your January, 1950, issue:

Doctor S. G. of New York writes of having trouble in a denture case which he has relined several times without success. The dentures seemed to fit at first, but in two or three months were loose again.

No mention is made of the patient's blood picture, but I am suggesting that if the patient were given a blood test, he would be found to be anemic. If such is the case, then it is the anemia and not a faulty technique that is causing the alveolar resorption, and the apparent lack of success.

Very little is written about the prolonged and sometimes continual resorption (alveolar) in the anemic patient. I had never heard of it, in fact, until a colleague of mine, a man wise in experience, told me never to take out all the teeth of an anemic patient, if it could be avoided at all. He claimed that in the anemic patient, the alveolar process is quite often in a state of continual resorption. Unlike the normal alveolar bone, which undergoes changes after surgery, and then reaches a fairly static point after a year or so, the alveolar bone in the anemic patient keeps resorbing all the time.

I put his theory to the test. Any time I had occasion to meet a patient or a friend who was anemic and edentulous, I asked if he were able to wear a denture successfully. Everyone that I have run across so far has told me no, and then has related the same discomforts they have experienced in their dental histories, which were, incidentally, remarkably similar to the difficulties encountered by Doctor S. G.'s patient.

So, please take this for what it is worth. My findings may be merely coincidental, and my little experimentation certainly is not scientific, mainly because it didn't cover enough subjects. However, I do know that when I take a case history and find that the patient is anemic, I do all in my power to keep his teeth in place, no matter how much they have deteriorated. I am just a little afraid that he will never be able to wear dentures if I make them.—R. H. CHASE, D.D.S., 24808 Princeton, West Dearborn, Michigan.

[4]Ask Oral Hygiene, Resorption of Ridges. ORAL HYGIENE, 40:70 (January) 1950.

WERNET DENTAL LORE

OCTOBER 1950

According to official U. S. Army dental estimates, every 100 persons in the general population need 190 extractions, 500 fillings, 30 crowns and bridges, and 20 full dentures. It would require 800,000,000 hours of dental service to complete this work.

* * *

Studies made in 1938 indicate that the oral health of the average school child does not measure up to the level of his general health. Of 95,427 children examined (ages 5 to 14 years), 77.4 per cent were found to have good general health, but only 34.9 per cent had good oral health.

* * *

"Porcelain" teeth for artificial dentures were first developed because Monsieur Buchateau, an apothecary of St. Germain, became dissatisfied with the discoloring of his own denture, made of ivory and natural teeth. He formulated a paste which became very hard on setting, and was used first in 1776 with the aid of a dentist in the preparation of "porcelain" teeth.

* * *

The first dental journal was published in the United States in 1839; the first national dental association was organized in 1840; and the first dental school was established in 1840.

* * *

The Egyptians were highly adept at preparing artificial dentures or restorations. Some mummies have been found with brass teeth bedded into wood carved to fit the roof of the mouth; in one instance the base was of solid gold, and the teeth of carved ivory.

* * *

A rose by any other name... Karaya gum, used as the base in Wernet's Powder, is known to the natives of India also as gum katila, or gum kulloo.

WERNET DENTAL MFG. CO., INC.
Jersey City 2, N. J. Dept. 2-W

Please send me a complimentary office supply of Wernet's Powder.

Dr._____

Address_____

City_____ **State**_____

Laffodontia

Husband (arriving home late): "Can you guess where I've been?"

Wife: "I can, but go on with your story."

★

It was a late hour when the hostess of the party requested the bass singer to sing something. He protested: "Oh, no, it's too late. It would disturb the neighbors."

"Not at all," declared the lady, "Besides, they poisoned our dog last week."

★

"I once knew a war worker who smoked ten packs of cigarettes a day for several years and then gave it up at a minute's notice and never touched a cigarette again."

"How come?"

"He was sitting on a barrel of powder at the time, and his match dropped through the bunghole."

★

Speaker: "Modern youth needs to be taught how to fall in love."

Voice (from rear): "Yes, indeed, just like a duck needs to be taught to swim."

★

When Mac and Turner registered they had to sign their names and nationality.

Mac signed: Irish—and proud of it.

Turner signed: Scotch—and fond of it.

★

Salesman: "Sir, I have something here which will make you popular, make your life happier and bring you a host of friends."

Student: "I'll take a quart."

★

"Daughter, that fellow who walks with you through the park doesn't look very polished."

"Well, I admit he's a little rough around the hedges."

★

A WAC, asked how she liked life in the service replied: "I like it all right, but I don't like saying, 'Yes, mam' all day and 'no sir' all evening."

★

"It's nice to kiss in a shady parking place, but the boy friend doesn't stop there."

"You mean . . ."

"Yes, he keeps right on driving."

★

"We shall be glad," wrote the firm to the War Manpower Board, "if you can assist us in retaining this man a little longer. He is the only man left in the firm, and is carrying on with fifteen girls."

★

"Who was that lady I saw you out with last night?"

"I wasn't out, I was just dozing!"

★

Papa: "Stop reaching across the table, Junior! Haven't you got a tongue?"

Son: "Yes, sir, but my arm is longer."

★

Solicitor: "We're having a raffle for a poor widow. Will you buy a ticket?"

Farmer: "Nope, my wife wouldn't let me keep her if I did win."

★

The bachelor's a cagey guy,
And has a lot of fun;
He sizes all the cuties up
And never Mrs. one.